



CITY OF BRUNSWICK

1 W. Potomac Street • Brunswick, Maryland 21716 • (301) 834-7500

EXHIBIT A

ETHICS COMPLAINT FORM

Complainant's Name: _____

Complainant's Address: _____

Complainant's Telephone Number: _____

Complainant's e-mail address: _____

Complainant's facsimile number: _____

Description of the facts and circumstances giving rise to this Complaint (attach an additional sheet if necessary):

List of witnesses with personal knowledge of the described facts and circumstances (attach an additional sheet if necessary):

Name: _____

Address: _____

Telephone Number: _____

Ethics Complaint Form Cont.

Relevant Information: _____

Name: _____

Address: _____

Telephone Number: _____

Relevant Information: _____

Name: _____

Address: _____

Telephone Number: _____

Relevant Information: _____

Ethics Complaint Form Cont.

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Complainant's Signature

Date

STATE OF _____, COUNTY OF _____, TO WIT:

I HEREBY CERTIFY that on this ____ day of _____, 20__, before me, the subscriber, a Notary Public of the State of _____, in and for _____ County, personally appeared _____, who made oath in due form of law and affirmed under the penalties of perjury that the matters and facts set forth above in this Ethics Complaint Form are true and correct to the best of his/her knowledge, information and belief.

AS WITNESS my hand and Notarial Seal.

Notary Public

My Commission Expires: _____

Approved: 1/18/06; Revised: